

Missouri		State Action Plan Table		2026 Application/2024 Annual Report	
Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Women/Maternal Health					
Access to patient-centered, coordinated, and comprehensive postpartum care.	By September 30, 2030, Missouri will increase the percent of women enrolled in Medicaid who attended a postpartum checkup within 12 weeks after giving birth from 83.25% to 86.5% (Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 9, 2023-Ongoing). By September 30, 2030, Missouri will increase the percent of women who attended a postpartum checkup from 89.1% to 92.0% (PRAMS Phase 9, 2023-Ongoing). By September 30, 2030, Missouri will increase the percent of women screened for depression and/or anxiety after giving birth from 82.7% to 86.0% (PRAMS Phase 9, 2023-Ongoing).	Promote implementation of the comprehensive postpartum care guidelines recommended by the American College of Obstetricians and Gynecologists (ACOG) Committee Opinion No. 736: Optimizing Postpartum Care. Examine the circumstances surrounding perinatal deaths to identify systemic issues and develop community-based action plans to prevent future deaths and improve perinatal health outcomes. Engage in cross-sector partnerships and collaborations to design, implement, and evaluate QI initiatives to increase postpartum visit attendance. Enhance cross-sector collaboration to promote whole person, person-centered, coordinated, and comprehensive postpartum care. Provide training for all types of providers on respectful, person-centered care. Implement the Maternal Mortality Prevention Plan. Promote and support clinical-community integration and coordination of service delivery across the care continuum, including health/wellness and safety promotion and injury and disease prevention. Improve clinical readiness, recognition, and response to obstetric emergencies. Promote integration of screening and referral for mental health conditions into routine perinatal care, including postpartum visits.	ESM PPV.1 - Number of postpartum care providers who participate in training through the Missouri PQC on implementing standardized and comprehensive postpartum care.	NPM - Postpartum Visit	<u>Linked NOMs:</u> Maternal Mortality Neonatal Abstinence Syndrome Women's Health Status Postpartum Depression Postpartum Anxiety

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		Promote and support traditional and nontraditional provider roles and community-based models of perinatal care. Promote comprehensive access to care, including adequate insurance coverage, for pregnant and postpartum women.			
Preventive oral health care services during pregnancy.	By September 30, 2030, Missouri will increase the percent of pregnant women who had their teeth cleaned by a dentist or dental hygienist from 46.7% to 48% (PRAMS Phase 9, 2023-Ongoing).	Enhance cross-sector collaboration to promote whole person, person-centered, coordinated, and comprehensive perinatal care, inclusive of oral health care. Provide education to healthcare providers, community-based organizations, community partners, community members, pregnant women, and families on the importance and safety of dental care during pregnancy and the connection between good oral health and a healthy pregnancy. Promote and support Local Public Health Agencies to implement the Preventive Services Program with pregnant women, including an oral health review, oral health education, application of fluoride varnish, oral health supplies, and referral to an oral health provider, as indicated. Promote and support clinical-community integration and coordination of service delivery across the care continuum to assure preventive oral health care services during the perinatal period. Promote comprehensive access to care, including adequate insurance coverage, for pregnant and postpartum women. Provide education/training to oral health care providers on respectful, whole person, person-centered care for pregnant and postpartum women. Promote a whole person, integrated approach to oral health care during the perinatal period, including the patient's lifestyle, nutrition, safety, systemic health conditions, and breastfeeding education and support.	ESM PDV- Pregnancy.1 - Number of oral health care providers who participate in training on providing respectful, whole-person, and person-centered care.	NPM - Preventive Dental Visit - Pregnancy	<u>Linked NOMs:</u> Women's Health Status Children's Health Status
Perinatal/Infant Health					
Safe infant sleep practices and environments to	By September 30, 2030, Missouri will maintain at least 95% percent of infants placed to sleep on their backs (PRAMS Phase 9, 2023-	Promote whole-person infant care, within the broader framework of the maternal-infant dyad and family. Implement targeted initiatives that support breastfeeding initiation and	ESM SS.1 - Percent of infants enrolled in home visiting that are always placed to sleep	NPM - Safe Sleep	<u>Linked NOMs:</u> Infant Mortality Postneonatal Mortality SUID Mortality

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promote safe infant sleep and reduce sleep-related infant deaths.	Ongoing). By September 30, 2030, Missouri will increase the percent of infants who are placed to sleep in a crib, portable crib, or bassinet from 92.8% to 94.5% (PRAMS Phase 9 Q50A, 2023-Ongoing).	duration, particularly in counties with low breastfeeding rates, to promote breastfeeding as part of safe infant sleep practices, consistent with AAP guidance. Examine the circumstances surrounding infant deaths to identify systemic contributing factors and develop community-based action plans to prevent future deaths and improve infant health outcomes. Identify and collaborate with partners to implement strategies to address community factors contributing to infant health risks and outcomes. Engage in cross-sector partnerships and collaborations to design, implement, and evaluate QI initiatives to promote safe infant sleep practices and environments. Enhance cross-sector collaboration to promote safe infant sleep practices and environments to promote safe infant sleep and reduce sleep-related infant deaths. Provide training, emphasizing a nuanced approach to take family needs, beliefs, and contexts into account when talking about safe infant sleep practices and environments, to all types of providers and community members who interact with expectant and new mothers and families regarding safe infant sleep practices and environments. Partner and collaborate with cross-sector stakeholders to provide person-centered guidance related to protective factors and implement and spread community-based safe infant sleep educational campaigns and evidence-based infant health promotion programs. Partner and collaborate with cross-sector stakeholders to distribute safe sleep resources to families with limited resources and access. Promote implementation and spread of evidence-based prevention and emergency perinatal mental health programs and services. Promote and support traditional and nontraditional provider roles and community-based models of perinatal and infant care.	on their backs, without bedsharing or soft bedding (aligned with MIECHV performance measure).		

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Child Health					
Access to holistic oral health care services for children.	By September 30, 2030, Missouri will increase the percent of children, ages 1 through 17, who had a preventive dental visit in the past year from 75% to 77% (NSCH 2022-2023).	Promote and support delivery of preventive oral health care by oral health professionals and implementation of the Preventive Services Program in schools, including an oral health review, oral health education, application of fluoride varnish, oral health supplies, and referral to an oral health provider, as indicated. Enhance cross-sector collaboration and promote whole person, person-centered, coordinated, and comprehensive health care for children, including oral health care. Facilitate collaborative relationships between oral health professionals and other health professionals to promote coordinated holistic care. Develop and distribute educational materials and implement community-based educational campaigns and health promotion/wellness programs, including oral health care. Provide training for oral health care providers on whole person, person-centered care. Promote comprehensive access to care, including adequate insurance coverage and oral health coverage, for children.	ESM PDV-Child.1 - Number of students referred to an oral health care provider as a result of participating in the Preventive Services Program (PSP).	NPM - Preventive Dental Visit - Child	<u>Linked NOMs:</u> Tooth decay or cavities Children's Health Status CSHCN Systems of Care
Access to family-centered, coordinated, comprehensive, and community-based health care services and supports for children with and without special health care needs.	By September 30, 2030, Missouri will increase the percent of children with and without special health care needs, ages 0 through 17, who have a medical home from 49.6% to 52.0% (NSCH 2022-2023). By September 30, 2030, Missouri will increase the percent of children without special health care needs, ages 0 to 17, who have family centered care from 86.5% to 90.0% (NSCH 2022-2023).	Promote coordinated systems across the child/family care continuum to assure evidence-based management of acute, chronic, and/or complex child and adolescent medical conditions by promoting the medical home approach to care. Partner and collaborate with cross-sector stakeholders to integrate the medical home approach and promote care coordination and community referrals to facilitate the linkage of children and their families with appropriate services and resources. Provide education and outreach on the importance of medical home for children to cross-sector stakeholders serving and engaging with children and their families.	ESM MH.1 - Number of school health staff educated on the importance and benefits of a medical home for children with and without special health care needs.	NPM - Medical Home	<u>Linked NOMs:</u> Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All

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		Promote effective partnerships between families and integrated clinical-community health care teams to enhance access to a medical home for children and their families and coordination of service delivery across the care continuum. Engage in cross-sector partnerships and collaborations to design, implement, and evaluate QI initiatives to increase access to whole person, person/family-centered, coordinated, comprehensive, and community-based health care services and supports for children and their families. Provide training for all types of providers on whole person, person/family-centered, coordinated, comprehensive, and community-based health care services and supports for children and their families. Promote person/family-centered shared care planning to operationalize core values of person/family-centered care and ensure families are full partners in their child’s health. Promote comprehensive access to care, including adequate insurance coverage, and support community-based models of care for children and their families. Collaborate with the Department of Elementary and Secondary Education and cross-sector stakeholders to promote healthy development of children and implement strategies to help children stay healthy.			
Adolescent Health					
A stable and supportive relationship with a caring non-parental adult to enhance adolescent psychological well-being and empower youth	By September 30, 2030, Missouri will increase the percent of children, age 6-17 years, who report having an adult, other than someone in their home, in the child’s school, neighborhood, or community who knows them well and who they can rely on for advice or guidance from 91.8% to 95.0% (NSCH 2022-2023).	Develop mentoring opportunities that are responsive to the unique needs and goals of adolescents and reinforce healthy behaviors, life skills, and positive identity development. Implement a foundational training framework to prepare adult mentors to guide adolescents in identifying and accessing relevant programs, care, and resources, including topics such as adolescent health, youth-centered communication, and resource navigation. Embed youth-driven goal setting within mentoring relationships to promote self-efficacy and support health-related behaviors.	ESM ADM.1 - Number of LPHAs contracted to develop adolescent youth leadership initiatives to ensure youth engagement in decision-making, program planning, service delivery, and quality improvement	NPM - Adult Mentor	Linked NOMs: Adolescent Depression/Anxiety Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All

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with the tools and training to reach their full potential.		Promote cross-sector collaboration to support person-centered, coordinated, and integrated services for adolescents, support adolescent psychological well-being, and empower youth. Engage community-based organizations, community partners, and community members in developing, implementing, and maintaining programs and initiatives to promote adolescent psychological well-being and empowerment. Support a leadership role for local public health agencies to partner with youth to develop youth leadership skills and amplify youth voice in local and state public health decision-making and initiatives.	activities at local and state levels.		
Smooth and successful transition from child-centered to adult-oriented healthcare, promoting continuity of care, improving health outcomes, and empowering youth to manage their own health.	By September 30, 2030, Missouri will increase the percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to successfully transition to adult health care from 18.3% to 21.0% (NSCH 2022-2023).	Promote application of the Six Core Elements of Health Care Transition in a variety of pediatric and adult health care settings and programs. Promote partnerships with youth and youth-serving organizations to ensure youth engagement in decision-making, program planning, service delivery, and quality improvement activities. Partner with cross-sector stakeholders to provide training for health care professionals related to transition from child-centered to adult-oriented healthcare and encourage adoption of evidence-driven health care transition (HCT) practices and policies. Promote planning activities and services, transfer assistance, integration into adult care, and care coordination to support adolescent transition from pediatric to adult health care. Partner with care coordinators at clinics to help facilitate services, scheduling, education, and other health care transition services. Incorporate transition strategies into medical home models and systems, integrating existing efforts addressing adolescent health and behavioral health to promote continuity of care. Partner with local public health agencies and youth-serving organizations to create and implement a peer support and mentorship program for	ESM TAHC.1 - Number of school health staff educated on supporting high school students' development of health self-advocacy skills.	NPM - Transition To Adult Health Care	<u>Linked NOMs:</u> CSHCN Systems of Care

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		adolescents related to health care transition. Engage in cross-sector partnerships and collaborations to design, implement, and evaluate QI initiatives to increase adolescent well-visit engagement and promote evidence-based prevention and emergency mental health programs. Provide health information that is accessible, clear and actionable to enhance health literacy skills for adolescents and their families.			
Children with Special Health Care Needs					
Access to family-centered, coordinated, comprehensive, and community-based health care services and supports for children with and without special health care needs.	By September 30, 2030, Missouri will increase the percent of children with special health care needs, ages 0 through 17, who have a medical home from 42.4% to 46.0% (NSCH 2022-2023). By September 30, 2030, Missouri will increase the percent of children with and without special health care needs, ages 0 through 17, who have a medical home from 49.6% to 52.0% (NSCH 2022-2023). By September 30, 2030, Missouri will increase the percent of children with special health care needs, ages 0 to 17, who have family centered care from 82.1% to 85.0% (NSCH 2022-2023). By September 30, 2030, Missouri will increase the percent of children without special health care needs, ages 0 to 17, who have family centered care from 86.5% to	Promote coordinated systems across the child/family care continuum to assure evidence-based management of acute, chronic, and/or complex child and adolescent medical conditions by promoting the medical home approach to care for children with special health care needs. Partner and collaborate with cross-sector stakeholders to integrate the medical home approach and promote care coordination and community referrals to facilitate the linkage of children with special health care needs and their families with appropriate services and resources. Provide education and outreach on the importance of medical home for children with special health care needs to cross-sector stakeholders serving and engaging with children and their families. Promote effective partnerships between families and integrated clinical-community health care teams to enhance access to a medical home for children with special health care needs and their families and coordination of service delivery across the care continuum. Engage in cross-sector partnerships and collaborations to design, implement, and evaluate QI initiatives to increase access to whole person, person/family-centered, coordinated, comprehensive, and community-based health care services and supports for children with special health care needs and their families Provide training for all types of providers on whole person, person/family-centered, coordinated, comprehensive, and community-based health care	ESM MH.1 - Number of school health staff educated on the importance and benefits of a medical home for children with and without special health care needs.	NPM - Medical Home	<u>Linked NOMs:</u> Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All

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	90.0% (NSCH 2022-2023).	services and supports for children with special health care needs and their families. Promote person/family-centered shared care planning to operationalize core values of person/family-centered care and ensure families are full partners in their child’s health. Promote comprehensive access to care, including adequate insurance coverage, and support community-based support for children with special health care needs and their families. Establish data sharing agreements and leverage interagency agreements to identify needs and strengthen the medical home model of care for children with special health care needs. Participate on interagency advisory committees or councils to advance person/family-centered, coordinated, comprehensive, and community-based health care services and supports for children with special health care needs.			
Cross-Cutting/Systems Building					
Strengths-based services and supports to promote healthy family relationships and functioning, enhance resilience, foster social connections, and support children’s social and emotional development.	By September 30, 2030, Missouri will increase the percentage of children ages 6-17 years who are flourishing, as evidenced by "usually" or "always" demonstrating self-regulation, showing interest and curiosity in learning, and working to finish tasks, from 56.4% to 60.0% (NSCH 2022-2023). By September 30, 2030, based on standardized pre- and post-participation survey results, at least 75% of children and parents participating in a family skills development and strengthening	Partner and collaborate with cross-sector stakeholders to implement family strengthening frameworks. Collaborate with partners to create supportive environments that promote connectedness and healthy and empowered individuals, families, and communities. Partner and collaborate with cross-sector stakeholders to implement programs/initiatives to promote strong parent-infant relationships, infant and early childhood mental health, and social, emotional, and cognitive well-being across a child's lifespan. Partner with judicial systems to support families, increase knowledge and skills around parenting, and support completion of family-strengthening curriculum(s) as recommended or court-ordered. Engage community-based organizations and partners and community	No ESMs were created by the State. ESMs are optional for this measure.	SPM 1: Percent of children and parents participating in a family skills development and strengthening program who report improvement on program evaluation metrics.	

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	program will report improvement on at least 75% of program evaluation metrics.	members to develop, implement, and maintain community-based educational campaigns, programs, and initiatives to promote healthy family relationships and functioning, enhance resilience, foster social connections, develop knowledge of parenting and child development, and support children’s social and emotional development. Promote patient/family-centered shared care planning to operationalize core values of family-centered care and ensure families are full partners in health care. Promote education and awareness of community-based emergency preparedness and recovery programs and resources that prepare families for emergency situations and responses and champion family self-sufficiency. Engage with partners to implement a whole-person approach that supports and enhances the functioning and resilience of families and considers all aspects of well-being – physical, mental/emotional, social, and spiritual. Provide health information that is accessible, clear and actionable to enhance health literacy skills for families.			